

<b>Case Number:</b>	CM15-0135285		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	05/15/2009
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, District of Columbia, Maryland  
Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48 year old male, who sustained an industrial injury on 5/15/2009. He reported low back pain from lifting activity. Diagnoses include low back pain, history of lumbar disc herniation status post hemilaminectomy and fusion, lumbar degenerative disc disease with stenosis, disc protrusion and annular tear, bilateral facet arthropathy, radiculopathy, headaches and situational depression. Treatments to date include activity modification, physical therapy and epidural steroid injections. Currently, he complained of ongoing low back and right lower extremity pain and muscle spasms. There was reported of increased headaches of one to two a week. Pain was rated 6/10 VAS with medication and 9-10/10 VAS without medication with a documented 40% improvement in pain and function with medications. On 5/6/15, the physical examination documented lumbar tenderness with muscle spasms and a positive right side straight leg raise. The plan of care included Lidocaine Patches 5% #90.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Lidocaine patches 5%, quantity 90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines p112 states Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The documentation submitted for review indicates that the injured worker has failed treatment with gabapentin and was using Lyrica as well as Cymbalta. Per progress noted dated 2/18/15, he was on Lyrica and Cymbalta. He was not able to tolerate higher dosage as it had led to side effects. Lidocaine patches were noted to have been effective as an adjunct for topical neuropathic pain over the lumbosacral region. I respectfully disagree with the UR physician; the medical records support the use of lidocaine patches. The UR physician did not articulate his denial rationale. The request is medically necessary.